

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/890226**

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2	1				
3					
4	3				
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6	1				
7	1				
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TAL	3				
TAL	2				
TAL	10				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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